DOOR COUNTY JAIL – PRE-INCARCERATION QUESTIONAIRE

INSTRUCTIONS: Answer all questions completely as applicable. Information will be verified. Incomplete or false answers may result in loss of Huber Privileges while incarcerated in the Door County Jail. PLEASE PRINT ALL LEDGIBLY INFORMATION EXCEPT WHERE SIGNATURE REQUIRED.

LAST NAME:	FIRST:	INITIAL:
FULL ADDRESS:		
PHONE/CELL NUMBER: ()	DATE OF BIRTH:	MARITIAL STATUS:
*************	************	************
EMPLOYER (COMPANY NAME):		
EMPLOYER ADDRESS:		
EMPLOYER OFFICE PHONE: ()	EMPLOYER CELL N	NUMBER: ()
IMMEDIATE SUPERVISOR NAME:		
OCCUPATION:	DATE HIRED:	
NORMAL WORK HOURS:	WORK DAYS: Sun M	on Tue Wed Th Fri Sat Varied
DOES YOUR EMPLOYMENT REQUIRE YO	U TO BE AT MORE THAN ONE JOB SI	TE? YES NO
REMINDER: THE DOOR COUNTY JAIL DO DOOR UNLESS APPROVED THROUGH TH		OUCTED OUTSIDE THE COUNTY OF
ARE YOU SELF EMPLOYED? YES	□ NO	
IF YES; COMPLETE THE SELF EMPLOYM FORM FOR REQUIRED DOCUMENTATION		FER TO THE JAIL INFORMATION
**ATTACH THE COMPLETED SELF EMPI REQUIRED DOCUMENTATION.	LOYMENT FORM AND REFER TO THE	E JAIL INFORMATION FORM FOR
SCHOOL RELEASE: SCHOOL NAME: _		
SCHOOL LOCATION:		
COUNSELOR/CONTACT:	CONTACT'S PHONI	E NUMER: ()
CHILDCARE RELEASE:		
ARE THE CHILDREN YOUR OWN?	\square YES \square NO	
CHILDCARE LOCATION:		
**ATTACH THE COMPLETED CHILD CAN DOCUMENTATION.	RE FORM AND REFER TO THE JAIL I	NFORMATION FORM FOR REQUIRED
SIGNATURE:		DATE: